Substitute for Form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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	Complet	e if Known
	Application Number	10/721,445
	Filing Date	November 24, 2003
	First Named Inventor:	Hossein Sedarat
	Art Unit	2611
	Examiner Name	Williams, Lawrence B.
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 Attorney Docket Number
 6491.P066

			U.S. PATEN	NT DOCUMENTS	3	
Examiner Initials*	Cite No.	Document Number Number-Kind Code ² (if known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T°				

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					Examiner Name	Williams, Lawrence B.		
Sheet	2	2	of	4	Attorney Docket Number	6491.P066		
				NON PATENT LIT	ERATURE DOCUMENTS			
Examiner Initials*	Cite No ¹	ite	em (book, i	magazine, journal, se number(s), publ	rial, symposium, catalog, etc.) isher, city and/or country when	cle (when appropriate), title of the l, date, page(s), volume-issue re published	T ²	
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*Applicant's unique cultation designation number (optional). *2 pipional to pipional to produce the complete application of the public which is to list (see by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFRT 1.4. Translation of the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your lipiding to complete the from and/or suggestions for reducing this burden, should be sent to the Chell Information Officer, U.S. Patient and Trademark Office, P.O. Bost 1469, Alexandria, V. 2231-1450, DO NOT SENT FEES OF COMPLETED FORMS TO THIS ADDRESS. SEXD TO: Commissional for Patients, P.O. Bost 1469, Alexandria, Virginia 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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				Examiner Name	Williams, Lawrence B.			
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			NON PATENT LIT	ERATURE DOCUMENTS				
Examiner Cite Include name of the author (in CAPIT, 1nitials* No¹ item (book, magazine, journal, ser number(s), publi				AL LETTERS), title of the articl rial, symposium, catalog, etc.), isher, city and/or country where	date, page(s), volume-issue	T ²		
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